

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 10  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Full Name of Payee <b>CAMPAIGN FUNDING DIRECT, INC.</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>0</td><td>8</td></tr> <tr><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>0</td><td>3</td></tr> <tr><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>2</td><td>0</td><td>1</td><td>5</td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>		0	8			0	3			2	0	1	5				
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City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.1126 Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>0</td><td>8</td></tr> <tr><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>0</td><td>3</td></tr> <tr><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>2</td><td>0</td><td>1</td><td>5</td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>		0	8			0	3			2	0	1	5				
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Purpose of Expenditure FULFILLMENT ITEMS - BOOKS & YARD SIGNS		Category/ Type 004																		
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____																	
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>1</td><td>5</td><td>8</td><td>4</td><td>9</td><td>4</td><td>5</td><td>.</td><td>0</td><td>3</td></tr> </table>	1	5	8	4	9	4	5	.	0	3	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							
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Full Name of Payee <b>CAMPAIGN FUNDING DIRECT, INC.</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>0</td><td>8</td></tr> <tr><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>0</td><td>3</td></tr> <tr><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>2</td><td>0</td><td>1</td><td>5</td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>		0	8			0	3			2	0	1	5				
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City MC LEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.1077 Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>0</td><td>8</td></tr> <tr><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>0</td><td>3</td></tr> <tr><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>2</td><td>0</td><td>1</td><td>5</td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>		0	8			0	3			2	0	1	5				
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2	0	1	5																	
Purpose of Expenditure AGENCY FEES- CONSULTING		Category/ Type 004																		
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____																	
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>1</td><td>5</td><td>8</td><td>5</td><td>0</td><td>9</td><td>6</td><td>.</td><td>2</td><td>3</td></tr> </table>	1	5	8	5	0	9	6	.	2	3	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							
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(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td>1</td><td>1</td><td>7</td><td>4</td><td>.</td><td>6</td><td>7</td></tr> </table>	1	1	7	4	.	6	7
1	1	7	4	.	6	7		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="width:100%"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>							
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>							

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

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2	0	1	6

Signature

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Form/Schedule: SE  
Transaction ID : SE24.1126

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$20.07 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE  
Transaction ID: SE24.1077

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$2.96 has been allocated equally to each of the remaining schedule primary elections.

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 10  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>ECG DATA CENTER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 03 / 2015</b>	
Mailing Address <b>1420 SPRING HILL ROAD</b> <b>SUITE 490</b>		Amount <b>1702.43</b>	
City <b>MCLEAN</b>	State <b>VA</b>	Zip Code <b>22102-3028</b>	Transaction ID : <b>SE24.1094</b>
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 03 / 2015</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>1586798.66</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>ECG DATA CENTER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 03 / 2015</b>	
Mailing Address <b>1420 SPRING HILL ROAD</b> <b>SUITE 490</b>		Amount <b>1121.43</b>	
City <b>MCLEAN</b>	State <b>VA</b>	Zip Code <b>22102-3028</b>	Transaction ID : <b>SE24.1095</b>
Purpose of Expenditure <b>DIRECT MAIL - LIST MAINTENANCE</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 03 / 2015</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>1587920.09</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>2823.86</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 12 / 2016**

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
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Form/Schedule: SE  
Transaction ID : SE24.1094

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$33.38 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE  
Transaction ID: SE24.1095

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$21.99 has been allocated equally to each of the remaining schedule primary elections.

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 10  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>INTERNATIONAL DATA MANAGEMENT, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 03 / 2015</b>	
Mailing Address <b>490 WHITE POND DRIVE</b>		Amount <b>2142.77</b>	
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44320-1122</b>	Transaction ID : <b>SE24.1099</b>
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 03 / 2015</b>
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>1590062.86</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>MDI IMAGING &amp; MAIL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 03 / 2015</b>	
Mailing Address <b>21955 CASCADES PARKWAY</b>		Amount <b>27000.00</b>	
City <b>DULLES</b>	State <b>VA</b>	Zip Code <b>20166-9211</b>	Transaction ID : <b>SE24.1106</b>
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 03 / 2015</b>
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>1617062.86</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>29142.77</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 12 / 2016**

Signature

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Form/Schedule: SE

Transaction ID : SE24.1099

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$42.02 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.1106

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$529.41 has been allocated equally to each of the remaining schedule primary elections.

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 10  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>OMEGA LIST COMPANY</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 03 / 2015</b>		
Mailing Address <b>1420 SPRING HILL SUITE 490</b>			Amount <b>16134.61</b>		
City <b>MCLEAN</b>	State <b>VA</b>	Zip Code <b>22102-3028</b>	Transaction ID : <b>SE24.1107</b>		
Purpose of Expenditure <b>LIST RENTAL EXPENSE</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 03 / 2015</b>		
Name of Federal Candidate <b>DR. BEN CARSON</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>1633197.47</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>SISK FULFILLMENT SERVICES</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 03 / 2015</b>		
Mailing Address <b>1900 INDUSTRIAL PARK ROAD</b>			Amount <b>4166.05</b>		
City <b>FEDERALSBURG</b>	State <b>MD</b>	Zip Code <b>21632-2667</b>	Transaction ID : <b>SE24.1113</b>		
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 03 / 2015</b>		
Name of Federal Candidate <b>DR. BEN CARSON</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>1637363.52</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>20300.66</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 12 / 2016**

Signature

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Form/Schedule: SE  
Transaction ID : SE24.1107

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$316.36 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE  
Transaction ID: SE24.1113

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$81.69 has been allocated equally to each of the remaining schedule primary elections.



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 9 OF 10  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>WESTLAND PRINTERS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 03 / 2015</b>	
Mailing Address <b>14880 SWEITZER LANE</b>		Amount <b>2900.00</b>	
City <b>LAUREL</b>	State <b>MD</b>	Zip Code <b>20707-2913</b>	Transaction ID : <b>SE24.1116</b>
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 03 / 2015</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>1640263.52</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>ZIP MAILING SERVICES, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 03 / 2015</b>	
Mailing Address <b>6304 SHERIFF RD. STE Z</b>		Amount <b>2000.00</b>	
City <b>LANDOVER</b>	State <b>MD</b>	Zip Code <b>20785-4361</b>	Transaction ID : <b>SE24.1122</b>
Purpose of Expenditure <b>DIRECT MAIL - POSTAGE</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 03 / 2015</b>	
Name of Federal Candidate <b>DR. BEN CARSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>1642263.52</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>4900.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 12 / 2016**

Signature

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Form/Schedule: SE  
Transaction ID : SE24.1116

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$56.86 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE  
Transaction ID: SE24.1122

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$39.22 has been allocated equally to each of the remaining schedule primary elections.